

"Chlamydia Screening in At-Risk Adolescent Females: An Evaluation of Screening Practices and Modifiable Screening Correlates"

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The authors conducted the current study to identify modifiable correlates of chlamydia screening that could offer intervention targets to enhance screening. They surveyed a representative sample of primary care providers ($n = 186$) at an integrated health care delivery system to document their self-reported adherence to annual screening of sexually active adolescents and to identify specific, modifiable constructs that were correlated with annual screening for chlamydia. To cross-validate providers' self-reports, the investigators used automated data to examine adolescent screening in an anonymous sample of primary care providers ($n = 143$).

Forty-two percent of providers reported annual chlamydia screening of sexually active adolescents. Univariate correlates of annual screening were: provider type (non-physician) ($p = .01$), female gender ($p = .001$), fewer years of clinical experience ($p = .001$), greater confidence across a range of screening related activities ($p \leq .01$), greater comfort recommending screening for sexually transmitted diseases ($p = .001$), and greater perceived patient comfort discussing sexual issues ($p < .01$).

In multivariate analyses, providers' perceived knowledge, confidence, comfort, and perceived patient comfort continued to be significantly associated with annual chlamydia screening after controlling for other relevant provider characteristics, researchers found. Self-reported screening practices were consistent with observed screening rates in the anonymous provider sample.

"Routine chlamydia screening among asymptomatic, at-risk adolescent females could be enhanced through additional intervention targeting specific provider attitudes and beliefs about chlamydia screening," the authors concluded.